



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Hirano,	Amy	C.	808-536-5688
MAILING ADDRESS (Street)			FAX
84 N. King Street			808-536-5720
(City)	(State)	(Zip Code)	
Honolulu,	HI	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Pacific Management Consultants, Inc.			808-536-5688
MAILING ADDRESS (Street)			FAX
84 N. King Street			808-536-5720
(City)	(State)	(Zip Code)	
Honolulu,	HI	96817	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
ARDA		
MAILING ADDRESS (Street)		FAX
1201 15th Street, NW., Suite 400		
(City)	(State)	(Zip Code)
Washington,	D.C.	20005
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Jason Gamel		
MAILING ADDRESS (Street)		FAX
200 E. Robinson Street, Suite 1170		
(City)	(State)	(Zip Code)
Orlando,	FL	32801

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input checked="" type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
<u>Amy Hians</u>	_____
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME Jason Gamel		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Vice President, State Affairs
NAME OF ORGANIZATION (if applicable) American Resort Development Assn.		TELEPHONE 407-245-7601
MAILING ADDRESS (Street) 200 E. Robinson Street, Suite 1170		FAX 407-531-9995
(City) Orlando,	(State) FL	(Zip Code) 32801
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
<u>John J. [Signature]</u>		<u>1/19/07</u>
(Signature of Authorizing Officer or Person Represented)		(Date)